

STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS
4600 Kietzke Lane, Bldg E-141 · Reno, NV 89502 · (775) 688-1268 · Fax (775) 688-1272
nbop@govmail.state.nv.us
APPLICATION FOR LICENSURE AS A PSYCHOLOGICAL ASSISTANT

Please use the attached Statutes, Regulations and Information/Instructions in completing this application.

USE TYPEWRITER OR PRINT LEGIBLY IN INK.

Use additional sheets as necessary; number sheets consecutively; code responses to questions by number.

1.00 PERSONAL DATA			1.01 Application Date			
1.02a Last Name, First Name, Middle Initial				1.04 U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		
1.02b Maiden Name (if applicable)			1.03 Sex		1.05 Social Security #	
1.06 Home Address - Street	1.07 City	1.08 State	1.09 ZIP	1.10 Phone ()		
1.11 Business Address - Street	1.12 City	1.13 State	1.14 ZIP	1.15 Phone ()		
1.16 Date of Birth	1.17 Birthplace			1.18 Email Address		
2.00 GRADUATE EDUCATION AND TRAINING						
2.01 Highest Academic Degree Earned		2.02 University		2.03 Major Field		2.04 Date
2.05 Title of Thesis/Dissertation						
2.06 Was your program APA-accredited at the time of graduation? Yes <input type="checkbox"/> No <input type="checkbox"/>				2.07 Was your Pre-Doc internship APA-approved? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3.00 ALL ADDITIONAL GRADUATE EDUCATION RELEVANT TO THIS APPLICATION						
3.01.1 University		3.01.2 City/State/ZIP			3.01.3 Dates	
3.01.4 Major Field					3.01.5 Degree (if any)	
3.02.1 University		3.02.2 City/State/ZIP			3.02.3 Dates	
3.02.4 Major Field					3.02.5 Degree (if any)	
3.03.1 University		3.03.2 City/State/ZIP			3.03.3 Dates	
3.03.4 Major Field					3.03.5 Degree (if any)	

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4.00 UNDERGRADUATE EDUCATION AND TRAINING					
University/College	Address	Dates Attended	Department/College	Major	Degree
4.01.1	4.01.2	4.01.3	4.01.4	4.01.5	4.01.6
4.02.1	4.02.2	4.02.3	4.02.4	4.02.5	4.02.6
4.03.1	4.03.2	4.03.3	4.03.4	4.03.5	4.03.6
5.00 TRAINING/EXPERIENCE QUALIFYING ME TO PROVIDE SPECIFIC SERVICES TO CERTAIN POPULATIONS					
Population	Service	Training Experience			
5.01.1	5.01.2	5.01.3			
5.02.1	5.02.2	5.02.3			
5.03.1	5.03.2	5.03.3			
6.00 PERSONAL/PROFESSIONAL CONDUCT HISTORY				YES	NO
6.01 Is there currently or has there ever been any investigation or action taken against you for any ethical, moral, legal or malpractice action?					
6.02 Have you ever pled guilty or nolo contendere or been found guilty, convicted, or held liable in any moral, ethical, legal, or malpractice action?					
6.03 Have you ever had a professional license, registration, certification or credential denied, restricted, suspended, censured or revoked in any jurisdiction for any profession?					
6.04 Have you ever relinquished responsibilities, let your license lapse, resigned a position or been fired due to an action pending or threatened?					
6.05 Have you ever resigned or been terminated from a professional organization or surrendered a license while a complaint against you was being investigated or pending?					
6.06 Have you ever been notified by any state, territory, district, country, U.S. government agency, or state certification/licensing board of any complaint filed against you relative to the practice of psychotherapy and/or assessment (including, but not limited to, any allegations currently pending)?					
6.07 Have you ever been convicted of, or pled guilty or nolo contendere, to a violation of any federal or state statute, or any city or county ordinance, or any law of a foreign country? (This includes misdemeanors and felonies and includes convictions subsequently dismissed and deferred judgments. Exclude minor traffic violations only.)					
6.08 Are you subject to a court order for the support of one or more children and <u>not</u> in compliance with the order or with A repayment plan approved by the public agency authorized to enforce the order?					
6.09 Are you required to register as a sex offender?					
6.10 Have you ever been suspended, disqualified, censured or discipline as a member of any professional organization?					
6.11 Have you ever been dismissed from or asked to resign from any education, training or employment due to negligence, professional misconduct or academic dishonesty?					
6.12 Have you ever been subject to review and/or action by the ethics committee of any professional organization?					
6.13 Explain any "YES" answers here. Attached separate page if needed					

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7.00 EXAMINATION		YES	NO
7.01 Have you taken the National Examination for the Professional Practice of Psychology (EPPP)? If "Yes" answer questions 7.01.1, 7.01.2, 7.01.3 & 7.01.4 below.			
7.01.1 Date of Exam:	7.01.2 Place exam taken:		
7.01.3 Form Number of Exam:	7.01.4 Raw Score Earned:		
SUPERVISED EXPERIENCE - Start with most recent. Include paid and unpaid. See General Instructions.			
8.00 PRE DOCTORAL			
From Mo/Yr - To Mo/Yr	Institution	Address	Supervisor
8.01.1	8.01.2	8.01.3	8.01.4
8.02.1	8.02.2	8.02.3	8.02.4
8.03.1	8.03.3	8.03.3	8.03.4
9.00 POST DOCTORAL			
From Mo/Yr - To Mo/Yr	Institution	Address	Supervisor
9.01.1	9.01.2	9.01.3	9.01.4
9.02.1	9.02.2	9.02.3	9.02.4
9.03.1	9.03.2	9.03.3	9.03.4
10.00 PROFESSIONAL EMPLOYMENT - Start with most recent. Exclude information in numbers 9 & 10 above.			
From Mo/Yr - To Mo/Yr	Institution	Address	Supervisor
10.01.1	10.01.2	10.01.3	10.01.4
10.02.1	10.02.2	10.02.3	10.02.4
10.03.1	10.03.2	10.03.3	10.03.4
10.04.1	10.04.2	10.04.3	10.04.4
11.00 MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS/HONORARY SOCIETIES			
11.01			
11.02			

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12.00 LICENSING HISTORY - LIST LICENSES, CERTIFICATES, REGISTRATIONS			
State/Jurisdiction	Title/Type	Begin/End Dates	Total Years
12.01	12.01.01	12.01.02	12.01.03
12.02	12.02.01	12.02.02	12.02.03
13.00 HONORS, SPECIAL ASSIGNMENTS, PROJECTS			
13.01			
13.02			
13.03			
14.00 REFERENCES from three (3) persons knowledgeable of your fitness to practice psychology <i>other than those responding for supervised experience verification.</i>			
Name	Relationship	Address - Street	City / State / ZIP
14.01.1	14.01.2	14.01.3	14.01.4
14.02.1	14.02.2	14.02.3	14.02.4
14.03.1	14.03.2	14.03.3	14.03.4
15.00 ADDITIONAL INFORMATION			
15.01			

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I agree that my name may be published as an applicant for licensure in the State of Nevada. I affirm, under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and that I have not withheld, misrepresented, or falsely stated any information relevant to my training and experience or my fitness to practice psychology. I authorize the exchange of any and all information concerning any and all complaints adjudicated, stipulated or pending against me with licensing boards or professional associations. I understand such complaints may constitute grounds for disciplinary action by the board.

<div style="border: 1px solid black; height: 150px; margin-bottom: 5px;"></div> <div style="text-align: center;">16.00</div> <div style="text-align: center;">Affix Photo Here</div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="text-align: center;">17.00</div> <div style="text-align: center; margin-top: 40px;">_____ Signature of Applicant</div> <div style="text-align: center; margin-top: 30px;">Date: _____</div>
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State of _____

County of _____

Signed and sworn to (or affirmed) before me on (Date) _____

By _____
Name of person making statement

(Notary Stamp)

Signature of Notary